

State of Washington Application for a Water Right w the attached instructions to

For Ecology Use Fee Paid 5 Date 9-7-

Please follow the attached instructions to avoid unnecessary delays.

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be need From/ to/ Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): UNKNOWN Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 3 2 5 2 3 14 23 E GRANT If location of source is platted, complete below: Lot Block Subdivision For Ecology Use Date Received: 9-7-2007 Priority Date: 9-1-2001			***************************************				
Mailing Address S2S Desert Are Dr S Work Tel: (507) 941 - 800 8 City Mattawa State WA Zip+4 97349+ FAX: (507) 932 - 460 9 Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION Same as above Name Home Tel: Work Tel: Work Tel: State Zip+4 + FAX: DEPARTMENT OF ECOLOR Relationship to applicant DEPARTMENT OF INTENT The applicant requests a permit to use not more than 1,350 Mgallons per minute or clubic feet per second) from a surface water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water water source (check only one) for the purpose(s) of Crownor Calculate water water source (check only one) for the purpose(s) of Crownor Calculate water water source (check only one) for the purpose(s) of Crownor Calculate water water source (check only one) for the purpose(s) of Crownor Calculate water water source (check only one) for the purpose is not manufacture or Ziprov Calculate water wate	Section 1. APPLIC	ANT - PERSON	N, ORGAN	NIZATION,	OR WATE	CR SYST	EM
Mailing Address S2S Desert Are Dr S Work Tel: (507) 941 - 800 8 City Mattawa State WA Zip+4 97349+ FAX: (507) 932 - 460 9 Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION Same as above Name Home Tel: Work Tel: Work Tel: State Zip+4 + FAX: DEPARTMENT OF ECOLOR Relationship to applicant DEPARTMENT OF INTENT The applicant requests a permit to use not more than 1,350 Mgallons per minute or clubic feet per second) from a surface water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water source or Ziground water source (check only one) for the purpose(s) of Crownor Calculate water water source (check only one) for the purpose(s) of Crownor Calculate water water source (check only one) for the purpose(s) of Crownor Calculate water water source (check only one) for the purpose(s) of Crownor Calculate water water source (check only one) for the purpose(s) of Crownor Calculate water water source (check only one) for the purpose is not manufacture or Ziprov Calculate water wate	Name Wayne	Sahli	322	Home	Tel: (<u>509</u>)	932 -	4604
Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION Same as above	Mailing Address 525	Desert A	ire Dr	S Work	Tel: (<u>509</u>)	941 -	8008
Name	City Mattawa	State WA Z	ip+4 <u>993</u>	49+ 1	FAX: (509	932-	4604
Mailing Address		CT - PERSON 7	ro call	ABOUT TH	id arprii	CATION	
Section 3. STATEMENT OF INTENT Section 3. STATEMENT OF INTENT	Name			Home	Tel: ()	DEC	REIVEL
Relationship to applicant	Mailing Address			Work	Tel: ()	ПП	And the same of th
Section 3. STATEMENT OF INTENT The applicant requests a permit to use not more than	City	State Z	ip+4	+ I	FAX: ()	13 2007
The applicant requests a permit to use not more than	Relationship to applicant						
ATTACHA "LEGAL DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. See	Section 3. STATEM		0210				
ATTACHA "LEGAL DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. See	The applicant requests a per	rmit to use not more t	than	1,350		gallons per	minute or
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Settimate a maximum annual quantity to be used in acre-foot per year: Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be need From/ to/ Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): UNK NOW N LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 3	cubic feet per second) from	om a surface water	source or	ground water so	ource (check o	nly one) for	the purpose(s)
Estimate a maximum annual quantity to be used in acre-foot per year: Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be need From/ to/ Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): UNKNOWN LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 3	DESCRIPTION OF THE	PLACE OF USE. (S	See instructio	ns.) NOTE: A ta	x parcel numb	per or a plat	number is not
Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be need From/ to/ Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): UNKNOWN LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 3	sufficient. See all	echment #	: 1		Q57	(-	
Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): UNKNOWN LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 32 SE 23 14 23 E GRANT If location of source is platted, complete below: Lot Block Subdivision 25 2 NE 23 14 23 E GRANT For Ecology Use Date Received: 9-7-2007 Priority Date: 9-1-2007 SEPA: ExemptNot Exempt FERC License # Dept. Of Health #	Estimate a maximum annua	i quantity to be used	in acre-foot p	er year:	13.1	G	
If SURFACE WATER If GROUNDWATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions:	☐ Check if the water us	se is proposed for a sh	nort-term proje	ect. Indicate the	period of time	that the wa	ter will be neede
If SURFACE WATER If GROUNDWATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions:	From /	/ to /	1				
If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): UNKNOWN LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 32 SE 23 14 23 E GRANT If location of source is platted, complete below: Lot Block Subdivision 252 SE 23 14 23 E GRANT N2 SE 23 14 23 E GRANT For Ecology Use Date Received: 9-7-2007 Priority Date: 9-7-2007 Dept. Of Health #	110m						
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): UNKNOWN LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 32 SE 23 14 23 E GRANT If location of source is platted, complete below: Lot Block Subdivision For Ecology Use Date Received: 9-7-2007 Priority Date: 9-7-2007 Dept. Of Health #	Section 4. WATER	SOURCE					
lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): UNKNOWN LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 5	If SURFACE WATER			If GROUNDW	ATER		
Source flows into (name of body of water): Size & depth of well(s): UNKNOWN LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: SZ SE 23 14 23 E GRANT If location of source is platted, complete below: Lot Block Subdivision SEPA: Exempt Not Exempt For Ecology Use Date Received: 9-7-2007 Priority Date: 9-7-2007 Dept. Of Health #	lake, etc. If unnamed, w	rite "unnamed sprir		A permit is des	sired for	/	_ well(s).
Source flows into (name of body of water): Size & depth of well(s): UNKNOWN LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: SZ SE 23 14 23 E GRANT If location of source is platted, complete below: Lot Block Subdivision SEPA: Exempt Not Exempt For Ecology Use Date Received: 9-7-2007 Priority Date: 9-7-2007 Dept. Of Health #	Number of diversions:						
LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 5		of body of water):		Size & depth of	of well(s):		
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 5 2 5E 23 14 23 E GRANT 1/4 of	- Janes (marrie	is a supply of the supply.		copin c		KNOWN	
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 5							
Section corner: 5		d aget wegt distance	os in foot fro	m the point of	livoroion on	with decreed	to the manner
1/4 of 1/4 of Section Township Range (E/W) County Lot Block Subdivision 2 5 2 NE 23 14 23 E GRANT N2 5E 23 14 23 E GRANT For Ecology Use Date Received: 9-7-200 Priority Date: 9-7-200 SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #		d east-west distance	es in feet fro	in the point of t	iiversion or	willidiawai	to the hearest
1/4 of 1/4 of Section Township Range (E/W) County Lot Block Subdivision 2 5 2 NE 23 14 23 E GRANT N2 5E 23 14 23 E GRANT For Ecology Use Date Received: 9 7 200 Priority Date: 9 7 200 L SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #	52 SE	23 14	23 8	= GRA	NT.		
Lot Block Subdivision 252 NE 23 14 23 E GRANT N2 5E 23 14 23 E GRANT For Ecology Use Date Received: 9-7-200 Priority Date: 9-7-200 SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #						tion of source	is platted, complete
252 NE 23 14 23 E GRANT N2 5E 23 14 23 E GRANT For Ecology Use Date Received: 9-7-200 Priority Date: 9-7-200 SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #	1/4 of 1/4 of	Section Township	Range (E/W)	County		belo	
N2 5E 23 14 23 E GRANT For Ecology Use Date Received: 9-7-200 Priority Date: 9-7-200 SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #					Lot	Block	Subdivision
For Ecology Use Date Received: 9-7-2007 Priority Date: 9-7-2007 SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #		23 14	23 E	GRAN	T	Make any part of the special constitution with your artists Ay any color by an extension of the color of the	mangalan in the American William Stemmen A.
SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #	NE SE	23 14	23 E	GRA	NT		
	For Ecology Use Date Recei	ved: 9-1-266	Priority	/ Date:	-2567		
	SEPA: Exempt Not Exempt	FERC License #		Dept. (Of Health #		
			Do			By	WRIA. 36

ECY 040-1-14 Rev. 7/97 * * f

APPLICATION

Appl. No.:

83-30547

A .	Name of system, if named: IRRIGATION SYSTEM - OVER & UNDER -
	Briefly describe your proposed water system. (See instructions.)
	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
١.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.
3.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by you county Health Department.
Cor	mplete C. and D. only if the proposed water system will have fifteen or more connections
	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
).	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.)
۸.	Total number of acres to be irrigated: 27.36
3.	List total number of acres for other specified agricultural uses:
	Use None Acres O
	Use Acres Use Acres
	Total number of acres to be covered by this application: 27.36
7	
).	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application;
	Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application;
	Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s). 1. Is the combined acreage greater than 2000 acres? 2. Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.: Farm uses:
).	Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s). 1. Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.:

APPLICATION

Section 8. WATER STORAGE Will you be using a dam, dike, or other structure to retain or store water? ☐ YES NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology. Section 9. DRIVING DIRECTIONS Provide detailed driving instructions to the project site. go east of Desert aire on Edwart aire Dr. to Road 28 (36 mi) turn left on Road 28. go. 11 mi Turn left on dirt road to land go. 27 mi. Section 10. REQUIRED MAP

A.	Attach a map of the project. (See instructions.) See attachment # 2		
Se	ection 11. PROPERTY OWNERSHIP		
A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and addresof the owner(s):	yes Yes	□NO
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of 'agreement:	ĭX(YES	□NO
to p	rtify that the information above is true and accurate to the best of my knowledge. I unde rocess my application, I grant staff from the Department of Ecology access to the site for nitoring purposes. Even though I may have been assisted in the preparation of the above	r inspection and application by	d the
emp	ployees of the Department of Ecology, all responsibility for the accuracy of the information	m resus with in	ie.
	Waine Sahl 9-7-0	7	
	Same Wayne Sahle' 9-7-07	7	
Lanc	downer for place of use (if same as applicant, write "same") Date		

We are returning your application for the following reason(s):		
Examination fee was not enclosed		APPLICANT PLEASE
		RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)	is/are	APPLICANT PLEASE
incomplete		RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above ar (date).	nd return your	application by
	Date	
Cology staff		
Ecology staff		
Ecology staff Ecology is an Equal Opportunity and Affirmative Action empl To receive this document in alternative format, contact the Wa	oyer.	
Ecology staff Ecology is an Equal Opportunity and Affirmative Action empl For receive this document in alternative format, contact the War (360) 407-6006 (TDD).	oyer.	

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number